

<b>Oklahoma Department of Career and Technology Education   ABE Division</b>						
<b>Adult Education and Literacy Student Enrollment Form</b>						
<b>ADULT LEARNING CENTER</b> Red River Technology Center - Duncan Learning Center						
<b>CLASS LOCATION</b> RRTC- Duncan			<b>TEACHER</b> (Circle the class times you will attend class) 8am-11am; 12noon-3pm; 6pm-9pm			
<b>PROGRAM</b> High School Equivalency	<input checked="" type="checkbox"/> ABE	<input type="checkbox"/> CORRECTION/ INSTITUTION	<input type="checkbox"/> FAMLIT	<input type="checkbox"/> WKPLACE	<input type="checkbox"/> DISTANCE ED	<input type="checkbox"/> OTHER
<b>HAVE YOU ATTENDED ANOTHER ABE CLASS BEFORE?</b> (Check one.)		<input type="checkbox"/> NO	<input type="checkbox"/> YES	<b>(IF YES, PLEASE GIVE THE LOCATION.)</b>		
<b>LAST NAME</b>		<b>FIRST NAME</b>			<b>MIDDLE NAME</b>	
<b>ADDRESS</b>		<b>APT. NO.</b>	<b>CITY/STATE</b>		<b>ZIP CODE</b>	
<b>YOUR PHONE NUMBER</b> (primary)		<b>YOUR PHONE NUMBER</b> (alternate)		<b>AGE</b>	<b>BIRTHDAY</b> (MM/DD/YYYY) / /	
<b>GENDER</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<b>DO YOU HAVE A DISABILITY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>IF YES, DO YOU NEED ACCOMMODATIONS?</b> (Please inform your teacher of any accommodation requests.)		
<b>EMAIL ADDRESS</b>			<b>SOCIAL SECURITY NUMBER</b> (XXX-XX-XXXX)			
<b>EMERGENCY CONTACT NAME</b>			<b>RELATIONSHIP</b>		<b>PHONE NUMBER</b>	

**ETHNICITY/RACE INFORMATION** (Required for enrollment)

**1. ARE YOU HISPANIC/LATINO?** (Choose one only.)

- No, not Hispanic/Latino
- Yes, Hispanic/Latino (A person or Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

**NOTE:** The above question is about ethnicity—not race. **No matter what you selected above**, please continue to answer the following by marking one of more boxes to indicate what you consider your race to be.

**2. WHAT IS YOUR RACE?** (You may choose one or more of the following.)

- American Indian or Alaska Native. (A person having origins in any of the peoples of North and South America, including Central American, and who maintains a tribal affiliation or community attachment.)
- Asian. (A person having origins in any of the peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American. (A person having origins in any of the Black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander. (A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White. (A person having origins in any of the peoples of Europe, the Middle East, or North Africa.)

**3. EMPLOYMENT STATUS:** (Check one.)

- Employed Full-Time
- Employed Part-time
- Unemployed and looking for work
- Unavailable or not looking for work

**4. DO ANY OF THE FOLLOWING APPLY TO YOU?** (If yes, check which ones.)

- DHS Client/Public Assistance
- Homeless
- State Corrections
- County or Community Corrections
- Living in institutional setting

**5. WHICH OF THESE BARRIERS TO EMPLOYMENT DO YOU HAVE?** (Check at least one.)

- Cultural barriers
- Low literacy levels
- English language learner

**6. DO ANY OF THESE OTHER BARRIERS APPLY TO YOU?** (Check any that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Single parent or guardian      | <input type="checkbox"/> Disabled              |
| <input type="checkbox"/> Migrant farmworker             | <input type="checkbox"/> Economic disadvantage |
| <input type="checkbox"/> Long-term unemployment         | <input type="checkbox"/> Ex-offender           |
| <input type="checkbox"/> Exhausting TANF with two years | <input type="checkbox"/> Foster care youth     |
| <input type="checkbox"/> Homeless                       | <input type="checkbox"/> Seasonal farmworker   |
| <input type="checkbox"/> Displaced Homemaker            |  |

**7. HIGHEST DEGREE OR LEVEL OF SCHOOL COMPLETED—REQUIRED FOR ENROLLMENT**

Check **one** only (highest level completed) **and** whether it was U.S. based or Non-U.S. based schooling

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> No schooling   | <input type="checkbox"/> U.S.-based | <input type="checkbox"/> Non-U.S.-based |
| <input type="checkbox"/> Grades 1-5   | <input type="checkbox"/> U.S.-based | <input type="checkbox"/> Non-U.S.-based |
| <input type="checkbox"/> Grades 6-8   | <input type="checkbox"/> U.S.-based | <input type="checkbox"/> Non-U.S.-based |
| <input type="checkbox"/> Grades 9-12 (No diploma)   | <input type="checkbox"/> U.S.-based | <input type="checkbox"/> Non-U.S.-based |
| <input type="checkbox"/> High school diploma or alternate credential                      | <input type="checkbox"/> U.S.-based | <input type="checkbox"/> Non-U.S.-based |
| <input type="checkbox"/> GED <input type="checkbox"/> TASC <input type="checkbox"/> HiSet |                                     |   |
| <input type="checkbox"/> Some college, no degree  | <input type="checkbox"/> U.S.-based | <input type="checkbox"/> Non-U.S.-based |
| <input type="checkbox"/> College or professional degree                                   | <input type="checkbox"/> U.S.-based | <input type="checkbox"/> Non-U.S.-based |

**NAME OF LAST SCHOOL ATTENDED:** \_\_\_\_\_

I authorize the Oklahoma Department of Career and Technology Education to release my social security number, assessment results, HSE (High School Equivalency) Testing Scores or other collected data for education and employment research and/or reporting purposes as long as my identity is never revealed.

**STUDENT'S SIGNATURE** \_\_\_\_\_

**TODAY'S DATE** \_\_\_\_\_

**\*\*\*\*\*STOP HERE\*\*\*\*\***

**THE INFORMATION BELOW IS FOR PROGRAM USE ONLY**

**Student Pre-Assessment Information**

Assessment Administered (Please check one.)	TABE							
	Form	<input type="checkbox"/> 11	<input type="checkbox"/> 12	Level	<input type="checkbox"/> E	<input type="checkbox"/> M	<input type="checkbox"/> D	<input type="checkbox"/> A
Assessment Date (MM/DD/YYYY)	Administered by (Please print first and last name.)							

(Enter Below the Applicable Scale Score(s) for the Administered Assessment.)

**TABE 11 AND 12 SCALE SCORE RANGES FOR NRS EDUCATIONAL FUNCTIONING LEVELS (EFL)**

EFL	READING	MATH	LANGUAGE
NRS Level 1 - Beginning Literacy	300-441	300-448	300-457
NRS Level 2 - Beginning	442-500	449-495	458-510
NRS Level 3 - Low Intermediate	501-535	496-536	511-546
NRS Level 4 - High Intermediate	536-575	537-595	547-583
NRS Level 5 - Low Adult Secondary	576-616	596-656	584-630
NRS Level 6 - High Adult Secondary	617-800	657-800	631-800

I verify the following: (To be completed by teacher, program director, test administrator, data entry, or other program designee.)

- Assessment score documentation for the above student scores is on file and available for verification.
- Student progress will be tracked in \_\_\_\_\_ subject area.

**SIGNATURE** \_\_\_\_\_ **POSITION** AEL Coordinator **DATE** \_\_\_\_\_